

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 1 STATE FILE NUMBER 463-050578
FILED JAN 14 1964

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Houston</u>		c. CITY OR TOWN <u>Houston</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Texas Co Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Nora</u> Middle <u>Eather</u> Last <u>Daniels</u>		4. DATE OF DEATH Month <u>12</u> Day <u>27</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>5-14-1897</u>
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (City and state or country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elijah M. Crossland</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Heatherman</u>	
14. NAME OF HUSBAND OR WIFE <u>Lester Daniels</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Evelyn Snyder Houston Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bilateral Bronchopneumonia</u> DUE TO (b) <u>Passive Congestion of Lungs</u> DUE TO (c) <u>Cardiac Failure</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Old cerebrovascular accident with right hemiplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one wk.</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>—</u> STATE <u>—</u>	
21. I attended the deceased from <u>9-4-62</u> to <u>12-27-63</u> and last saw her alive on <u>12-26-63</u> Death occurred at <u>4:35 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Joe A. Hall MD</u>		22b. ADDRESS <u>107 East Pine, Houston Mo</u>	
22c. DATE SIGNED <u>12-28-63</u>		23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>	
23b. DATE <u>12-24-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Big Creek</u>	
23d. LOCATION (City, town, or county) <u>approx 1 1/2 mi. S. of Yukon, Mo</u>		23e. (State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>L. F. Evans</u>		25. DATE RECD. BY LOCAL REG. <u>1-7-64</u>	
26. REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>		(May Over Dep)	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OFVS 300
Rev. 4/59
1 10 70
2 10 70
3
4 1
5 3
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7 0
8 0
9 52 24
10
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12 4-0
13 4-0

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1961 SINVA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Frederick C. Craig

Licensed Embalmer No. 4766

P. O. Address

Maple Grove Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.